

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

7/1/5106

SERIAL NO. 10/617239

FILED DATE

APPLICANT(S)

| CLAIMS | | | | | |
|--------------|-----|---------------------|-----|---------------------|-----|
| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
| NO | DEP | NO | DEP | NO | DEP |
| 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 1 | 1 | 1 | 1 | 1 |
| 3 | 1 | 1 | 1 | 1 | 1 |
| 4 | 3 | 2 | 2 | 2 | 2 |
| 5 | 1 | 1 | 1 | 1 | 1 |
| 6 | 1 | 1 | 1 | 1 | 1 |
| 7 | 1 | 1 | 1 | 1 | 1 |
| 8 | 1 | 1 | 1 | 1 | 1 |
| 9 | 2 | 1 | 1 | 1 | 1 |
| 10 | 2 | 1 | 1 | 1 | 1 |
| 11 | 1 | 1 | 1 | 1 | 1 |
| 12 | 1 | 1 | 1 | 1 | 1 |
| 13 | 1 | 1 | 1 | 1 | 1 |
| 14 | 3 | 2 | 2 | 2 | 2 |
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| TOTAL NO. | 3 | 3 | 1 | 1 | 1 |
| TOTAL DEP. | 25 | 15 | 4 | 4 | 4 |
| TOTAL CLAIMS | 23 | 15 | 5 | 5 | 5 |

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE